

Telephone Care Management for Medicaid Recipients with Depression: A Randomized Control Trial

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Research Sponsors and Partners

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- ❖ Health and Human Services
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❖ Partners

- ❖ United Behavioral Health
- ❖ Group Health Cooperative

❖ Part of the Hard-to-Employ Evaluation

- ❖ One of 4 sites with different hard-to-employ population

Background on Clinical Depression

- ❖ Estimate of 17 million adults nationwide
 - ❖ 12% of women and 7% of men
- ❖ Prevalence higher for Medicaid recipients
- ❖ Individuals may suffer from depression for many years, but fail to receive treatment
- ❖ Psychotherapy and antidepressants can reduce depression
- ❖ Prevalence, treatment differ by race and ethnicity
- ❖ Depression care management also effective
 - ❖ But never rigorously tested with Medicaid recipients

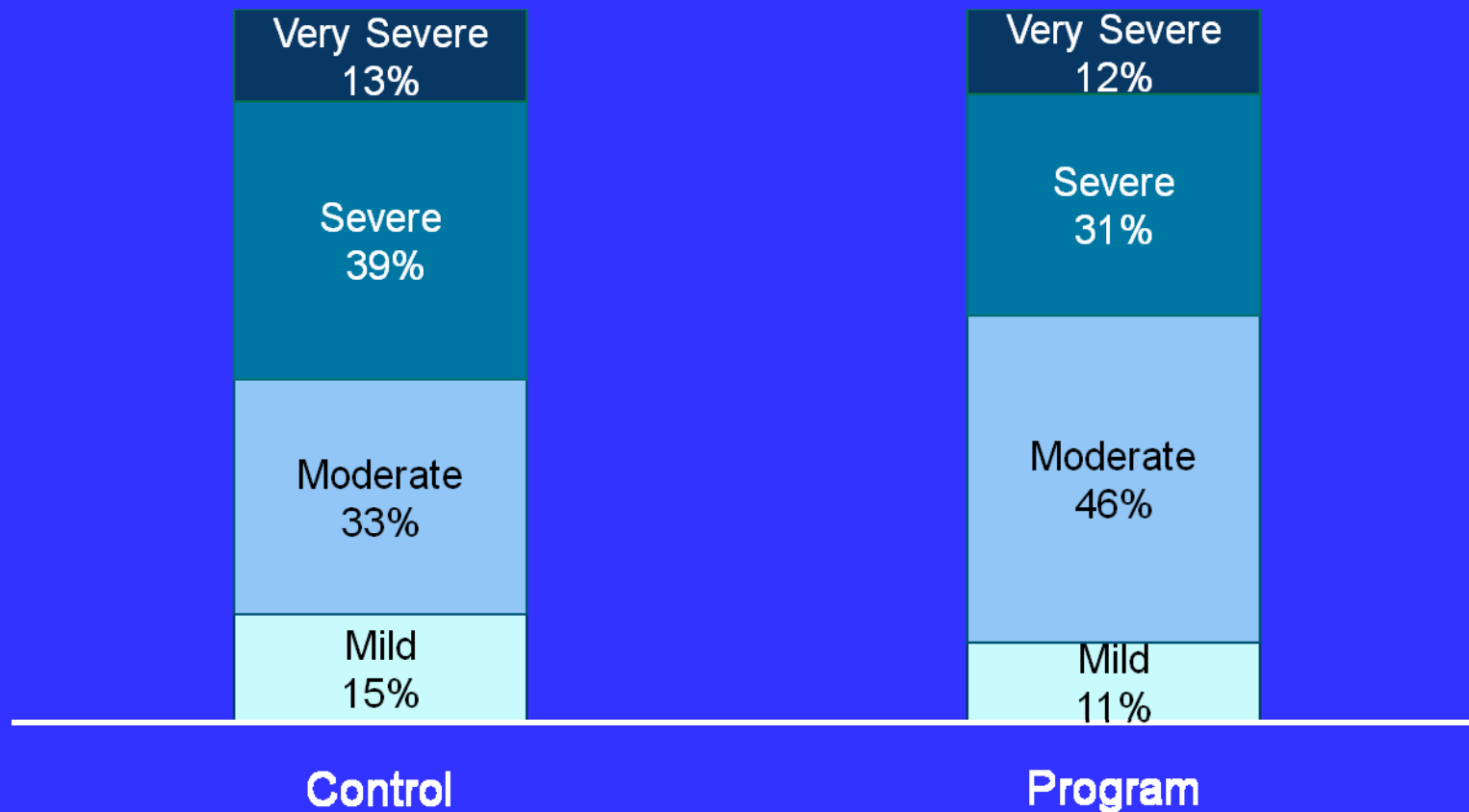
Care Management for Depression

- ❖ Emphasize quality, continuity of treatment
 - ❖ Facilitate and support clinical treatment
- ❖ Role of care managers:
 - ❖ Call patients to
 - ❖ encourage them to seek treatment, make referrals
 - ❖ make sure they keep appointments, take medications
 - ❖ monitor their depression severity (PHQ-9)
 - ❖ teach them about the effects and treatments for depression
 - ❖ provide phone counseling to reduce depression
 - ❖ Provide feedback to treating clinicians
- ❖ Current study: Master's level clinicians

Study Participation

- ❖ Medicaid recipients in Rhode Island
 - ❖ 19,120 mailed one-page screener
 - ❖ 4,053 returned screener, 1613 at risk for depression
 - ❖ 507 enrolled in the study
 - ❖ 133 declined, 433 ineligible, 540 unable to contact
 - ❖ Of 507, 499 remained in study
 - ❖ 245 Program; 254 Control
- ❖ 6-months data from medical claims and survey

Depression at Baseline



- High rate of severe or very severe depression
- Despite random assignment, controls more severely depressed

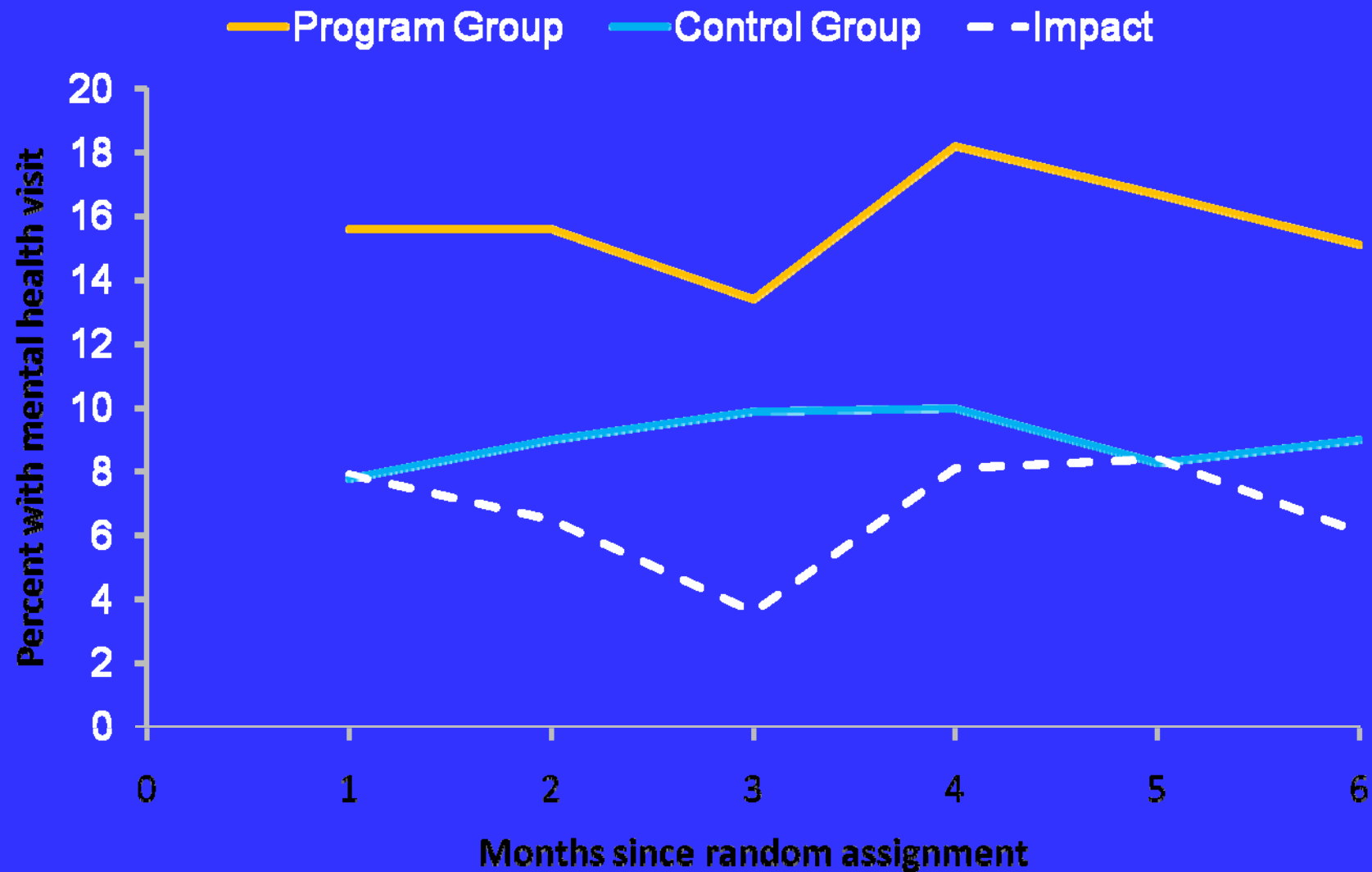
Participant Characteristics

	Control	Program
Gender: Female	91%	89%
Average Age	35 years	36 years
Race/Ethnicity		
White	47%	43%
Hispanic	32%	35%
African American	12%	13%
Other	9%	9%
Education		
Less than high school	22%	24%
High school or GED	55%	51%
Some college +	21%	24%
Marital Status		
Married/live with partner	41%	40%
Divorced/separated/widowed	21%	23%
Never married	37%	37%
Currently Employed	45%	42%

Outcomes

- ❖ Mental health services (e.g., psychiatrist)
- ❖ Prescription drugs (esp. antidepressants)
- ❖ Other health care
- ❖ Depression severity
- ❖ Employment and workplace productivity

Impacts on Mental Health Visits by Month



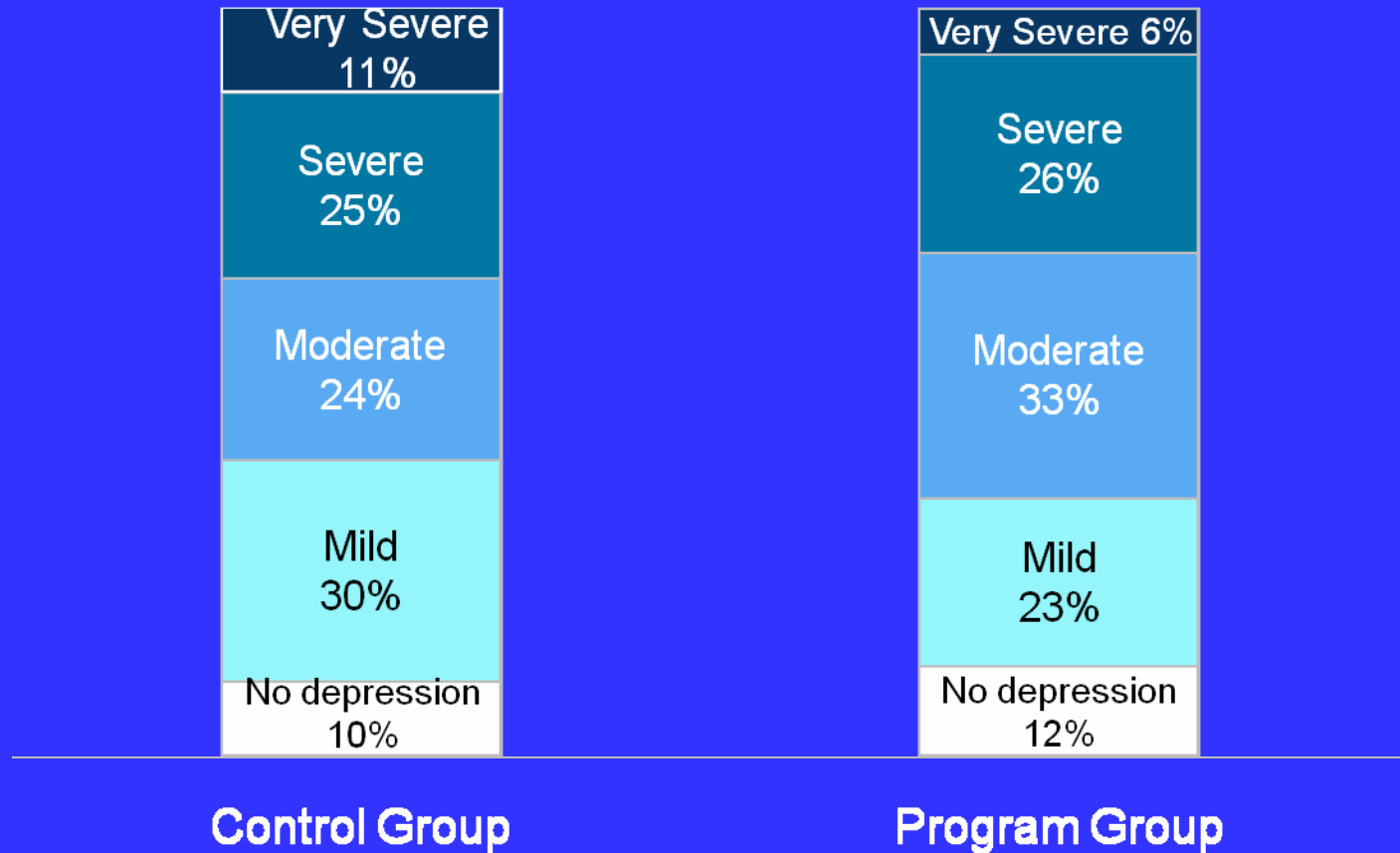
Effects on Mental Health Care (Through 6 Months)

Mental health treatment during 6-months	Control	Program	Difference (Impact)
Psychiatrist	7%	12%	5
Psychologist/clinical social worker, counselor	12%	24%	12**
Primary care physician	8%	10%	2

Prescription Medication during 6-months	Control	Program	Difference (Impact)
Antidepressants	34%	38%	4
Other psychotherapeutic	15%	21%	6**
Non-psychotherapeutic	81%	81%	0

Note: ** indicates significant at the .05 level

Depression at 6 months



- Very severe depression down ($p=.06$); moderate depression up ($p=.08$)

Other results

❖ Subgroups

- ❖ No differences in impacts by baseline severity
 - ❖ Although improvement for very severe group
- ❖ Larger impacts for Latinos than others
 - ❖ For use of mental health services and antidepressants, depression severity
- ❖ Employment: no significant change

Summary of Findings at 6 Months

- ❖ Higher use of mental health services and prescription medication
- ❖ No significant effect on average depression scores so far
- ❖ Larger effects on treatment and depression for Latino subgroup
- ❖ No impacts on employment so far
- ❖ Implication: telephone outreach can encourage depressed Medicaid recipients to seek treatment

Cautions

- ❖ Outcomes only through six months
 - ❖ Intervention lasts a year
 - ❖ Evidence of ongoing effects on health care use
- ❖ Survey response issues
 - ❖ Survey respondents less severely depressed at baseline
 - ❖ Impacts on health care use smaller for survey respondents
- ❖ Difficulty in recruiting study participants
 - ❖ Might not be typical depressed Medicaid recipients